
Second Quarterly Report

Enhancing HIV/AIDS Prevention and Improving
Reproductive Health in Zimbabwe (Phase II)

November – December 2001



February 22nd, 2002

Submitted by PSI/Zimbabwe to:

Department for International Development (DfID)

United States Agency for International Development (USAID/Harare)

United States Agency for International Development/Washington/PPC/CDIE/DI

HIV and TB Programme, Ministry of Health and Child Welfare

National AIDS Council (NAC)

Zimbabwe National Family Planning Council (ZNFPC)

PSI/Washington

Development Experience Clearinghouse

QUARTERLY PROGRESS REPORT

Name of Activity:	Enhancing HIV/AIDS Prevention and Improving Reproductive Health in Zimbabwe (Phase II)		
Country:	Zimbabwe		
PSI Project#:	Core:	39-942-01	
	Protector Plus Male Condom Social Marketing Project (MCSMP):	39-947-01	
	Care Female Condom Social Marketing Project (FCSMP):	39-949-01	
	ProFam Integrated Private Medical Sector (IPMS):	39-950-01	
	New Start Voluntary Counseling and Testing (VCT):	39-945-01	
	Targeted Communication Initiative (TCI):	39-946-01	
	Zimbabwe Social Marketing and BC Programme (DFID)	39-2019-81	
Implementing Agency:	PSI/Zimbabwe		
Start Date:	01 August 2001 USAID 01 February 2002 DFID		
End Date:	31 July 2005 USAID 31 January 2006 DFID		
Total Budget:	\$17,500,000 USAID UKL 6,800,000 DFID		
Current Obligation:	\$6,050,000 through 12/31/2002 USAID		
Cost-Share Commitment:	\$4,414,825		

Reporting Period Covered:	01 November 2001 – 31 December 2001
Date of Report:	February 2002

Country Representative:	Andrew Boner
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Program Manager:	Katie Schwarm
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I. Benchmarks

This reporting form covers the life of your activity. You will receive the same form each reporting period, including your prior updates, so you will have a convenient running record of your achievements. In the sections below, report **only** on those **unshaded** areas, as they are part of this reporting period or were not completed during an earlier reporting period. (The shaded areas are for future reporting periods.) Under “status at time of report,” note simply C for *complete* or, if incomplete, %C for *percentage complete*. If a benchmark from this reporting period has not been met, please briefly describe why in the last column.

Key Benchmarks for Program Implementation	Target Completion Date	Status at time of report (C or %C)	Reason for Incomplete Status (if applicable)
<u>New Start VCT</u>			
Open Third Direct Site	Q3 2002		
Operating Agreements with Indirect Sites Revised	Q2 2002		
Redesign/reopen Hwange Site	Q3 2002		
Redesign/reopen Bindura Site	Q3 2002		
Integrate FP/STI services into 2 New Start Direct Sites	Q2 2002		
Integrate New Start VCT services into ZNFPC FP clinic	Q2 2002		
Launch New Start VCT outreach integrated with ProFam services	Q3 2002		
Launch New Start advertising campaign	Q2 2002	60%	First draft of campaign materials developed. Materials currently being pre - tested.
Establish ELISA testing capacity at NAH	Q3 2002		
Launch TV mini-series to address benefits of VCT to HIV positive persons	Q3 2002	50%	Currently negotiating with the broadcasting authority to develop a partnership in producing the mini series.
<u>IPMS</u>			

Integrate ProFam services into New Start Outreach	Q3 2002	0%	Issue to be discussed during the 1 st March 2002 IPMS Retreat
Launch redesigned communications campaign	Q3 2002	70%	Communications to be launched in Q2
Add two new products/services to ProFam basket (e.g) 1. EC	Q4 2002	0%	Still working out workplan which involves <ul style="list-style-type: none"> - sensitizing the Ministry of Health and Child Welfare - Registration with the (MCAZ) Medicines Control Authority Zimbabwe - Identifying pharmaceutical companies
2. Pap Smears		100%	Theory has been included since 2001 trainings. Practicals using acetic acid to start in August 2002
3. PTKs		0%	
Register Dr. Reddy's Female Condom with MCAZ	Q3 2002	0%	Need to get samples to sent to MCAZ for registration.
<u>Targeted Communications and Condom Social Marketing</u>			
Launch new Protector Plus brand	Q3 2002	50%	Orders for the new brand have been placed
Launch new PP ad campaign	Q1 2002	70%	Campaign still being developed. To launch in Q2
Launch new care brand	Q3 2002	80%	Awaiting results of pretest research on campaign materials
Launch new care ad campaign	Q1 2002	80%	First draft of campaign materials have been developed and are currently being pre-tested.
Generic BC Campaign launched	Q2 2002	50%	Campaign still being developed
Evaluate PP ad campaign	Q3 2002	50%	Campaign still being developed
Evaluate care ad campaign	Q3 2002	50%	Campaign still being developed
Evaluate BC campaign	Q4 2002	50%	Campaign still being developed
<u>Sustainability and other Core Objectives</u>			
Revise Strategic Sustainability Plan	Q3 2002		
Management Retreat	Q2 2002		

Program Indicators (2001 – 2005)

New Start Voluntary Counseling and Testing Services

<u>Indicators</u>	<u>Date of Completion</u>	<u>Progress to Date</u>
1. 150,000 clients counseled at New Start centers. 2. 86% (DFID), 50% (USAID) of New Start clients are LSM 1-6 3. Recurrent (DFID) Cost-per-client decreases to \$36 in final year of project.	1. July 2005 2. July 2005 3. July 2005	1. 9,400 clients seen during quarter; 24,260 seen during phase II; 57,438 clients seen during life-of-activity. 2. 53% KAP 2001 3. TBD
1.1 Increase from 10% to 70 % of target group who can cite at least one place where s/he could obtain VCT services (USAID only). 1.2 93% of target group can cite correctly at least one place where s/he could obtain VCT services (DFID only) 1.3 Increase from 54% to 65 % (USAID) (46% to 86%- DFID) of target group who report that they are likely to utilize VCT services. 1.4 60% of target group who are aware of <i>New Start Centers</i> believe that the centers provide confidential services. 1.5 No significant differences in above indicators by LSM in target areas	1.1 – 4.1 July 2005	1.1 92.7% in KAP 2001 1.2 92.7% in KAP 2001 1.3 45.6% in KAP 2001 1.4 89.2% in KAP 2001 1.5 KAP 2001

2.1 (10 – USAID) (7 – DFID) New Start integrated VCT centers operational through LOP.	2.1 Twelve (12) centers currently operational
2.2 3 New Start direct VCT centers operational by EOP.	2.2 Two (2) currently in operation
2.3 80% (USAID) and 85% (DFID) of New Start counselors attend at least 3 refresher training courses during LOP.	2.3 41% (MIS)
2.4 75% (USAID) and 85% (DFID) of clients report satisfaction with counseling and testing services.	2.4 89% (Client Exit survey 2001)
2.5 Rapid Test Kits introduced in all New Start Centers .	2.5 10 out of 12 centers have rapid test kits
2.6 60% (USAID) and 86% (DFID) of target group who are aware of New Start Centers believe that the services are affordable.	2.6 85.8% in KAP 2001
3.1 15% (USAID) and 80% (DFID) of clients are offered information on at least one community group to provide follow-up support.	3.1 15%, KAP 2001
4.1 Report on population-based data on attitudes and practices related to New Start VCT disseminated	4.1 TBD

Integrated Private Medical Sector Program (IPMS)

Indicators	Date of Completion	Progress-to-date
<p>1.1 60% (USAID), 40% (DFID) of <i>ProFam</i> contraceptive users are LSM1- 6.</p> <p>1.2 Sales of <i>ProFam</i> supported contraceptives provide 160,000 CYPs</p> <p>1.3 Modern method CPR among LSM1 – 6 remains stable or increases over LOP</p> <p>1.4 Feasibility of engaging independent nurses in STI treatment assessed.</p>	1.1 – 1.4 July 2005	<p>1.1 27%, KAP 2001</p> <p>1.2 11 919 CYPs in this quarter; 28 044 CYPs over LOP</p> <p>1.3 TBD</p> <p>1.4 37% (KAP 2001)</p>
<p>1.1 Proportion of LSM 1-6 who can relay the message of at least one ProFam campaign increases from 63% to 83%.</p> <p>1.2 70% of target population aware of services offered by <i>ProFam</i> members.</p> <p>1.3 80% of target population currently using contraceptives familiar with at least one <i>ProFam</i> contraceptive method.</p> <p>1.4 Proportion of LSM 1-6 reporting demand for ProFam increased from X% to Y% (DFID only)</p> <p>1.5 Proportion of ProFam users from LSM 1-6 increased from X% to</p>	<p>1.1 – 1.3 July 2005</p> <p>1.5 – 1.5 January 2006</p>	<p>1.1 10% (KAP 2001)</p> <p>1.2 80% (KAP 2001)</p> <p>1.3 50% (KAP 2001)</p> <p>1.4 TBD (DFID only)</p> <p>1.5 TBD (DFID only)</p>

Y% (DFID only)		
2.1 90% of urban pharmacies offer at least 4 <i>ProFam</i> family planning brands at prices < 2.5% of per capita GDP for one CYP.	2.1 – 3.2 July 2005	2.1 90% (KAP 2001)
2.2 At least 80% of <i>ProFam</i> trained providers score 80% retention six months after training.		2.2 80% (Training follow up survey 2001)
3.1 Appropriate referrals to <i>New Start</i> clinics by <i>ProFam</i> providers are made 75% of the time		3.1 TBD
3.2 Policy change allows Independent Nurses to prescribe and dispense antibiotics.		3.2 TBD

Note: *LSM refers to Living Standard Measures. LSMs provide a state-of-the-art means for categorizing people into groups that describe their net worth in terms of assets and amenities. Surveyed populations are divided evenly between eight (8) LSMs. LSM 1 represents the poorest segment of the population, LSM 8 the wealthiest. X & Y values for these indicators will be determined following a baseline KAP to be conducted during year one of the proposed intervention (see below).*

Note: *all indicators are to be met by the end of the project unless otherwise specified.*

Targeted Communications and Condom Social Marketing

Indicator s	Date of Completion	Progress-to-date
<p>1. Condom use in last sex act with non-spousal partner increased from:</p> <p>a. 42% to 62% (USAID), 70% (DFID) among urban male youth aged 15-25 and 12% to 30% (USAID), 66% (DFID) among rural male youth aged 15-25</p> <p>b. 29% to 39% (USAID), 72% (DFID) among urban single women aged 15-34</p> <p>c. 72% to 92% among truckers in project areas (USAID only)</p> <p>2. Percent of people having more than one partner in past 12 months decreased from:</p> <p>a. 30% to 15% (USAID), 82% to 50% (DFID) among urban male youth aged 15-25 and 14% to 9% (USAID), 76% to 50% (DFID) among rural male youth aged 15-25</p> <p>b. 31% to 21% (USAID) and 66% to 50% (DFID) among urban single women aged 15-34 (USAID), 15-25 (DFID).</p> <p>c. 79% to 69% among truckers in project areas (USAID only).</p>	<p>1 – 4 July 2005</p>	<p>1.</p> <p>a. 79% among urban and 66% among rural youths (KAP 2001)</p> <p>b. 72% (KAP 2001)</p> <p>c. 75% (KAP 2001)</p> <p>2.</p> <p>a. 82% and 76% among urban and rural youths respectively (KAP 2001)</p> <p>b. 66% (KAP 2001)</p> <p>C. 79% (KAP 2001)</p>

Indicator s	Date of Completion	Progress-to-date
3. 50 million <i>Protector Plus</i> condoms sold.		3. 3 445 050 condoms sold during this quarter; 7,753,420 sold during Phase II; 40,795,778 sold during LOP.
4. 700,000 <i>care</i> female condoms sold		4. 166 440 pieces sold this quarter; 262,614 pieces sold during Phase II; 1,054,194 sold during LOP
1.1 <i>Protector Plus</i> available in 80% of liquor related and other night outlets 1.2 80% of pharmacies stock <i>care</i> . 1.3 <i>Care</i> is available in 30% (USAID) and 25% (DFID) of outlets (e.g. Bars/Night clubs and Hotels) in CSW project areas. 1.4 Percent of people who know of at least one specific source of <i>care</i> increased from (USAID only): a. 43% to 63% among urban single women aged 15-34 b. 40% to 80% among CSWs in project areas. c. 13% to 53% among LSM1-6 2.1 <i>Protector Plus</i> perceived as affordable by: a 75% (USAID) and 89% (DFID) urban male youth aged 15-25 and 50% (USAID) and 84% (DFID) rural male youth aged 15-25 b 61% (USAID) and 90% (DFID)	1.1 – 3.4 July 2005	1.1 40% (Distribution Survey 2001) 1.2 60% (Distribution Survey 2001) 1.3 5% (Distribution Survey 2001) 1.4 a. 16%(KAP 2001) b. 40% (CSW study 2001) c. 13% (KAP 2001) 2.1 a. 89% and 84% among urban and rural youths respectively (KAP 2001) b. 78% KAP 2001

Indicator s	Date of Completion	Progress-to-date
<p>c among urban single women aged 15-34 (USAID) and 15-25 (DFID). 80% (USAID) and 70% (DFID) among CSWs in project areas.</p> <p>d 81% among truckers in project areas (DFID only)</p> <p>e 84% among LSM1-6</p>		<p>c. 40% (CSW study 2001)</p> <p>d. 81% (KAP 2001)</p> <p>e. 84% (KAP 2001)</p>
<p>2.2 Care perceived as affordable by:</p> <p>a. 73% (USAID) and 50% (DFID) among urban single women aged 15-34 (USAID) and 15-25 (DFID).</p> <p>b. 80% (USAID) and 70% (DFID) among CSWs in project areas.</p> <p>c. X% among LSM1-6</p>		<p>2.2</p> <p>a. 53% (KAP 2001)</p> <p>b. 60% (KAP 2001)</p> <p>c. 61% (KAP 2001)</p>
<p>3.1 Agreement with the statement: "I believe condoms are effective against HIV" increased from:</p> <p>a. 63% to 80% (USAID) and 86% (DFID) among urban male youth aged 15-25 and 35% to 60% (USAID) and 86% (DFID) among rural male youth aged 15-25.</p> <p>b. 61% to 80% (USAID) and 83% (DFID) among urban single women aged 15-34 (USAID) and 15-25 (DFID).</p> <p>c. 80% among LSM1-6</p>		<p>3.1</p> <p>a. 86% for urban and rural (KAP 2001)</p> <p>b. 83% (KAP 2001)</p> <p>c. 80% (KAP 2001)</p>
<p>3.2 Among those who did not use condoms in the last sex act with a casual partner, % of risk perception</p>		<p>3.2</p>

Indicator s	Date of Completion	Progress-to-date
<p>increased from (USAID):</p> <p>a. 35% to 55% among urban male youth aged 15-25 and 14% to 20% among rural male youth aged 15-25.</p> <p>b. 36% to 55% among urban single women aged 15-34.</p> <p>c. 42% to 52% among truckers in project areas.</p> <p>d. X% to Y% among LSM1-6</p>		<p>a. 28% and 26% for urban and rural respectively (KAP 2001)</p> <p>b. 37% (KAP 2001)</p> <p>c. 42% (Truckers study 2001)</p> <p>d. 36% (KAP 2001)</p>
<p>3.3 Percent of people who report that their peers support using a condom increased from:</p> <p>a 31% to 46% (USAID), 33% to 50% (DFID) among urban male youth aged 15-25 and 26% to 31% (USAID), 34% to 50% (DFID) among rural male youth aged 15-25</p> <p>b 46% to 66% (USAID), 22% to 45% (DFID) among urban single women aged 15-34 (USAID), 15-25 (DFID).</p> <p>c. 20% to 50% among LSM1-6</p>		<p>3.3</p> <p>a. 33% and 34% among urban and rural respectively (KAP 2001)</p> <p>b. 22% (KAP 2001)</p> <p>c. 20% (KA 2001)</p>
<p>3.4 Percent of people who think it is acceptable for a woman to request use of a condom increased from:</p> <p>a 57% to 75% (USAID), 46% to 76% (DFID) among urban males aged 15-25 and 25% to 30% (USAID), 48% to 78% (DFID) among rural males aged 15-25.</p> <p>b 46% to 66% (USAID), 46% to 71% (DFID) among truckers in project</p>		<p>3.4</p> <p>a. 46% AND 48% among urban and rural youths respectively (KAP 2001)</p> <p>b. 46% (Truckers study 2001)</p>

Indicator s	Date of Completion	Progress-to-date
areas. c 45% to 70% among LSM1-6		c. 45% (KAP 2001)

Sustainability LogFrame

Indicators	Date of Completion	Progress-to-date
1. Successful achievement against Purpose-level indicators in above indicators 2. Follow-on funding commensurate with sustained or increased program operations secured	1. – 2. July 2005	1. TBD 2. TBD
1. Consistent improvements in PRISSM assessments, 2001-2005 2. GoZ health strategies embrace social marketing 3. Donors intend to provide funding sufficient to support planned activities beyond EOA	1. On-going 2. On-going 3. July 2005	1. Positive 2. Positive 3. TBD
1.1 70% of local PSI/Z staff report they are applying increased skills acquired in previous year 2.1 Key GOZ officials consider PSI/Z critical collaborative partner for achievement of health objectives. 3.1 Continuing collaborative operations considered successful by PSI/Z and NGOs 4.1 Follow-on funding proposals negotiated with donors 4.2 PSI/Z expenditure in line with approved budgets 4.3 Positive reports from annual external audits	1.1 Annual; on-going 2.1 On-going 3.1 On-going 4.1 2004-5 4.2 On-going 4.3 Annually	1.1 See training schedule 2.1 Positive 3.1 Positive 4.1 TBD 4.2 TBD 4.3 TBD

Please include a brief narrative paragraph summarizing the project's progress along the following guidelines:

New Start Voluntary Counseling and Testing Services

I. Goals for this quarter and progress against those goals

A. New Start VCT Manager to provide technical assistance to PSI/Mali for the start-up of a VCT program (Nov 12-18). *TA provided and proclaimed a great success. Trip report available upon request.*

B. New Start VCT Site Facilitator to attend regional HIV/AIDS counselor training in Zambia (10-23 November). *Attended, presentation made, and lessons learned brought back. Trip report available upon request.*

C. Co-host the VCT regional workshop in December to follow directly after the PHN Officers regional meeting in Harare. *From December 5-7, USAID/Zimbabwe and PSI/Zimbabwe hosted a highly successful international Voluntary Counseling and Testing (VCT) Lessons Learned Workshop. The VCT workshop was attended by 82 people from 13 countries, including 17 people from USAID, 4 from CDC, and 3 from DFID. Workshop sessions included presentations by representatives from Kenya, Uganda, Zambia, Botswana, and Malawi. The body of the workshop was devoted to covering all aspects of the New Start VCT program. All sessions included lively discussions and interchange of ideas among representatives of programs from the various countries.*

D. World AIDS Day price promotion. *The promotion was held from 26 November to 8 December 2001. New clients seen by site during this time are displayed in the following table:*

Site	Total number of new clients seen
NAH	1603
BDS	761
Harare	183
Gweru	258
Mutare	219
Nkulumane	211
MAC	257
Bindura	198
Chinhoyi	123
Gwanda	26
Triangle	30
Wankie	10
Total	3879

Table: Promotion figures: New client visits by site during the promotion - 26 November to 8 December 2001.

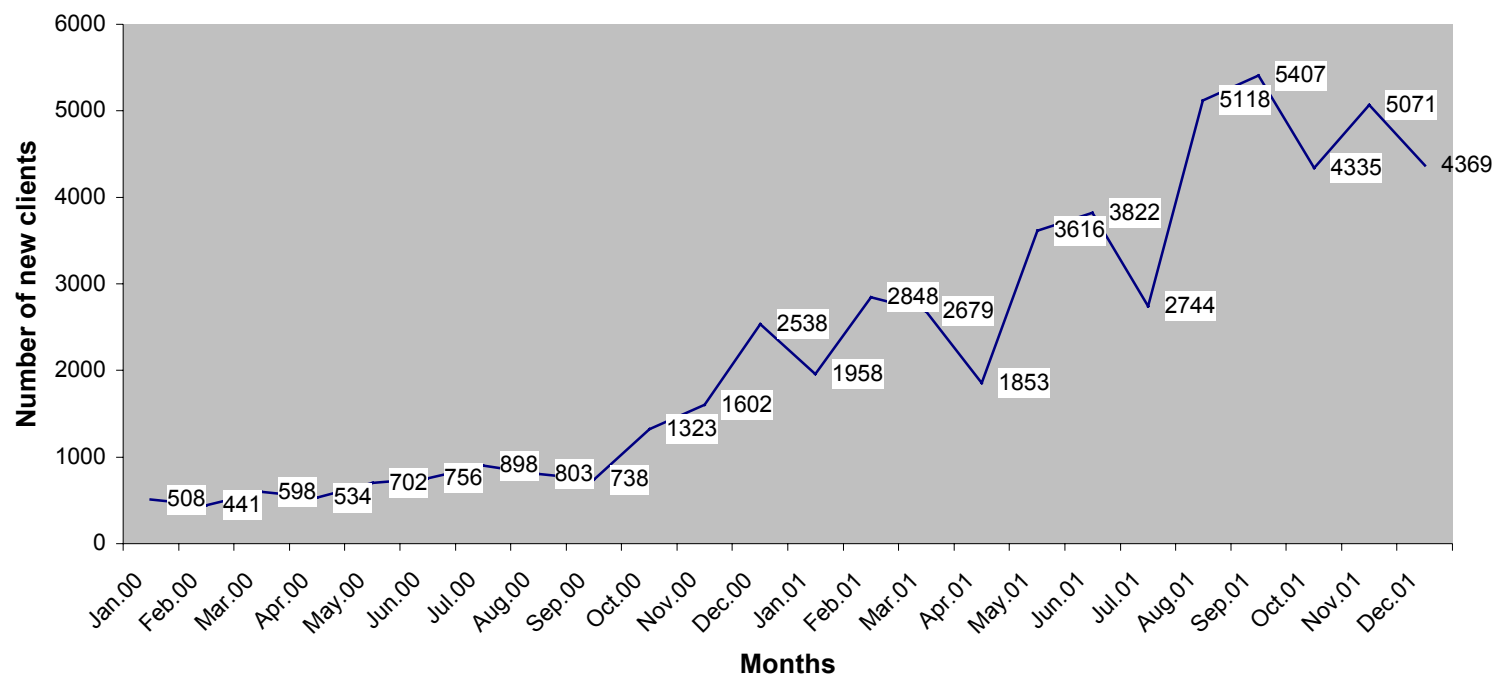
II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

Results Reporting:

The twelve New Start Centres currently operational, are Harare City (Harare), Chinhoyi Hospital (Chinhoyi), Triangle Hospital (Triangle), Matabeleland AIDS Council (MAC) (Bulawayo), Wankie Colliery Hospital (Hwange), Bindura Hope Humana (Bindura), Mutare City (Mutare), Nkulumane Clinic (Bulawayo), Gweru City (Gweru), New Africa House (NAH) Harare, Bulawayo Direct Site (BDS) (Bulawayo) and Gwanda Hospital (Gwanda). The table and graph below show the cumulative new visits from January 2000 thru December 2001 for the twelve centres.

Site	ate ened	um. 99	um. 00	an 01	eb. 01	lar 01	pr. 01	la. 01	Jun. 01	Jul. 01	Aug. 01	Sep. 01	ct. 01	Nov. 01	Dec 01	total
IAH	Oct' 00			929	1705	1614	1031	2097	2128	1411	2347	2559	1875	2169	2039	24 086
DS	Aug. 01			-	-	-	-	-	-	-	926	880	742	739	740	4 027
Harare City	Mar 99			219	185	191	182	250	275	259	201	322	269	244	253	5 930
Gweru	May' 00			70	123	90	80	204	240	131	168	225	142	226	246	2 425
Mutare	Feb' 00			150	142	121	92	213	235	137	241	231	191	267	331	3 178
Kulumanene	Apr' 00			64	88	83	52	131	162	67	154	162	138	180	171	1 840
MAC	Aug 99			308	313	368	231	416	466	485	266	334	201	362	201	6 314
Bindura	Jan 00			122	123	79	141	138	143	169	568	354	568	600	228	4 623
Chinhoyi	Apr 99			37	70	33	18	97	105	31	119	227	95	155	68	1 597
Gwanda	Aug. 01			-	-	-	-	-	-	-	29	56	47	23	22	177
Triangle	Apr 99			46	88	81	20	42	59	38	84	44	56	51	54	1 150
Vankie	Aug 99			13	11	19	6	28	9	16	15	13	11	15	16	273
total		2 217	11 441	1958	2848	2679	1853	3616	3822	2744	5118	5407	4335	5031	4369	57 438

New Start VCT new clients by month: January 2000 to December 2001



A cumulative figure of 57 438 new clients was seen from April 1999 to December 2001 of which 43 780 were seen between January and December 2001. The current quarter (2 months), the network saw a total of 9 440 clients. The high number of new clients maintained over the period in the New Start Network can be attributed to a combination of factors, including the opening of free-standing sites, the introduction of rapid testing, special price promotions, aggressive advertising and complementary efforts on VCT demand creation by related PSIZ programs. New Africa House (NAH) contributed the highest percentage (45%) to the total number of clients seen during the fourth quarter of 2001, while Bulawayo Direct Site (BDS) and MAC contributed 16.5% and 5.5% respectively.

Challenges of the quarter and actions taken to address them:

1. Assessing quality of counselling services at Bindura New Start Centre.
 - Project Manager and Site Facilitator conducted two visits to Bindura New Start Centre to assess counselors.
 - In consultation with Research Mgr., VCT organised mystery clients for Bindura assessment.
 - Feedback given to Bindura counsellors on improving quality of counselling based on findings from the mystery clients.
 - Development of new mass media campaign targeted specifically at the youth.
 - Development of mass media campaign to launch Rapid Test Kits.

2. Preparing for New Start special promotion for December 2001.
 - Communicating with sites on the forth-coming special promotion.
 - Distributing extra supplies needed for the promotion.
 - Development of mass media campaign for the World Aids Day free promotion.

3. Hosting the VCT Lessons Learned workshop.
 - Coordination with USAID and GOZ officials for logistics, invitation list and development of workshop agenda.
 - Extensive preparation and review of presentations to be given.
 - Execution of retreat.

III. Goals for following quarter (Jan. – Mar. 2002)

Hold a VCT mini-retreat to establish priorities and strategically plan the way forward for the coming year.

Obtain buy-in on priorities and plan for the New Start Network from key officials of the Ministry of Health and Child Welfare and other bodies within the Government of Zimbabwe.

Host the official launch event for rapid test kits in Zimbabwe.

Identify location for a third free-standing site.

Commence the restructuring of the VCT department in line with new priorities.

Pre-test the youth mass media campaign for VCT and implement results.

Pre test the mass media campaign materials for Rapid test kits and implement results.

Commence work on generic communications for VCT

Provide training support for delegation of Zambian counsellors

Integrated Private Medical Sector (ProFam)

1. Goals for this quarter and progress against those goals

PROFAM

- To hold an annual planning meeting to review activities and tools for year 2002.
- To hold a Nurses HIV Counselling and STI Management Refresher Course
- Hold a Nurse Aides and OTC VCT Orientation and IPC Skills course
- Field Support Specialists to continue support and follow up visits to service providers
- Field Support Specialist to distribute ProFam products and IEC materials to service providers.

Fewer activities were lined up for this quarter since most service providers were away on holiday and the quarter is abbreviated (ie only two months long).

IPC

- To hold an annual planning meeting to review activities for 2002
- To create demand for New Start Centres, PP and care through institutional trainings
- To impart knowledge on STI/HIV/AIDS through conducting Neighbourhood Meetings (dubbed “Mohalla” meetings)
- To continue working with CSWs and train them on proper use of care

Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program

Key Accomplishments

1. Field Support Specialist provided training to commercial sex workers and youth, enabling the project to acquaint these two groups on the roles and functions of New Start Centres and also on the correct and consistent use of condoms.
2. Sales figures for Duofem continue going up with a total of 18 370 cycles sold in December 2001 against a target of 15 000 cycles.
3. Obtained Duofem Tariff Code - 018853

STRENGTHS

1. Being accepted in colleges to conduct AIDSCORP activities for first and third year students as evidenced by the signing of MOUs for year 2002.

WEAKNESSES

1. It has been difficult for the project to create demand for Multiload as most women prefer implants to IUDs.
2. Could have sold more Depo Provera had it not been for the erratic supplies due to the packager not releasing stock to our pharmaceutical distributor, Geddes. Geddes was apparently in arrears to the packager. Geddes and PSI/Z are looking into the matter to come to satisfactory resolution so the supply problem does not reoccur.

OPPORTUNITIES

1. Training officers can create demand for PP and care sales for Regional Officers in the mines, companies and estates.

ABLE 1: Trainings Conducted - November - December 2001

DATE	VENUE	Name of Course	No Of PAX trained during QRT	No. of PAX trained as at August 1 2001 (ie start of Phase II)	No of PAX trained during life of activity (Cumulative)
7 Nov	New Ambassador Harare	OTC VCT Orientation and IPC Skills	18	18	431
8 Nov	New Ambassador Harare	Nurse Aides VCT Orientation and IPC Skills	30	30	107
13-16 Nov	New Ambassador Harare	Nurses HIV Counselling and STI Management Refresher	18	58	249
-	-	Doctors IRH Comprehensive	-	-	178
-	-	Doctors IRH Practical	-	22	149
-	-	Doctors IRH Refresher	-	11	85
-	-	Pharmacist IRH Comprehensive	-	18	171
-	-	Pharmacists IRH Refresher	-	-	65

TABLE 2: INSTUTIONAL TRAININGS NOVEMBER – DECEMBER 2001

MONTH	REGION	INSTITUTION	# reached	trainings cumulative	pitch cumulative	
AUGUST	NORTHERN	Surrey Farm	3		3	Pitch presentation
	NORTHERN	Surrey Farm	120	120		reached and trained 1st session
	NORTHERN	Stanbic Bank	34	154		reached and trained 1st session
SEPTEMBER	SOUTHERN	Construction Companies-Byo	45		48	Pitch presentation
	NORTHERN	First Mutual Life	120	274		reached and trained 1st session
	NORTHERN	Danhiko College	250	524		reached and trained 2nd session
OCTOBER	SOUTHERN	Paint and Allied Services	4		52	Pitch presentation
	SOUTHERN	United Bottlers Bulawayo	33	557		reached and trained 1st session
	NORTHERN	Pioneer Trucking Co	4		56	Pitch presentation
	NORTHERN	Livestock Development Trust	5		61	Pitch presentation
	SOUTHERN	United College of Education	9		70	Pitch presentation
	NORTHERN	Danhiko College	45	602		reached and trained 1st session
NOVEMBER	NORTHERN	First Mutual Life	37	639		reached and trained 1st session
	NORTHERN	Southampton	250	889		reached and trained 1st session
	NORTHERN	Eversharp	80	969		reached and trained 3rd session
	SOUTHERN	Paint and Allied Serivce	56	1025		reached and trained 1st session
	NORTHERN	Trust Academy	35	1060		reached and trained 1st session
	SOUTHERN	Stanbic Bank	15	1075		reached and trained 1st session
	MANICALAND	Stanbic Bank	12	1087		reached and trained 1st session
DECEMBER	NORTHERN	Stanbic Bank	40	1127		reached and trained 1st session
	NORTHERN	Southampton	250	1377		reached and trained 1st session
		TOTAL		1377	70	

TABLE 3: SALES AND SALES TARGETS PER QUARTER NOVEMBER – DECEMBER 2001

PRODUCT	SALES IN QRT	TARGET THIS QRT	CUM. SALES (PHASE II)	CUM. CYPs PHASE II	CUM SALES (Life of Activity)	CUMULATIVE CYPs (Life of Activity)
Marvelon	60 480	75 000 cycles	148 870	11 452	785 160	60 397
Duofem	39 640	45 000 cycles	79 530	6 118	90 770	6 982
Exluton	31 280	45 000 cycles	76 830	5 916	391 330	30 102
Depo Provera	7 242	4 500 cycles	17 152	4 288	37,468	9 367
Multiload	0	0	54	270	968	4 840
TOTAL	N/A	N/A	N/A	28 044	N/A	111 688

TABLE 4: NOVEMBER – DECEMBER 2001 VISITS DONE BY FIELD SUPPORT SPECIALISTS

Region	Visited	No Visited During II Qrt	No Visited as at August 2001
Northern Region	Doctors	50	132
	Nurses	11	31
	Pharmacists	40	116
Southern Region	Doctors	58	151
	Nurses	43	120
	Pharmacists	53	105
Manicaland Region	Doctors	24	24
	Nurses	10	23
	Pharmacists	23	10

• **Numbers visited during the Life of Activity**

Doctor	= 1 859
Pharmacists	= 2 170
Nurses	= 1 095
TOTAL	= 5 124

111: Goals for following quarter

PROFAM

Sales and Distribution

- Obtain sales figures every fortnight to monitor progress against targets
- Do monthly reports

Training

- Conduct two youth-friendly (Hre, Bwo) workshops in the month of February; first of their kind in the ProFam project

Product Marketing

- Merchandise outlets continuously
- Conduct trade visits
- FSS to organize monthly ProFam Neighbourhood meetings with service providers

IEC

- Continue distribution of posters and brochures

ADVOCACY

- Lobby for independent nurses NAMAS claim number and approval to procure, prescribe and dispense antibiotics.

PROVIDER RELATIONS

- Hold Project Coordinating Committee meeting on the 22nd March 2002.

IPC

- Empower the youth in maintaining positive sexual behaviour practices against STI/HIV/AIDS infection.
- Provide information on modes of HIV transmission and the increased risk of HIV infection associated with trusted partner myths, serial monogamy and unprotected sex.

Male and Female Condom Social Marketing (M/FCSMP)

I. Sales Highlights

Protector Plus (PP) sales by outlet type

Outlet type	Nov 01	Dec 01	Total	Contribution (%)
LQ – Liquor	261,360	236,520	497,880	14.5
SU - Supermarket	406,620	363,690	770,310	22.4
TU – Tuck-shop	12,240	8,460	20,700	0.6
SE - Service Station	78,120	114,390	192,510	5.6
HE - Health Care	153,500	57,940	211,440	6.1
HO - Hotel	21,060	17,910	38,970	1.1
OR - Organization	39,600	0	39,600	1.1
WH - Wholesale	704,030	934,760	1,638,790	47.6
OT - Other	9,360	4,410	13,770	0.4
IN - Individual	720	6,310	7,030	0.2
SA - Samples	4,500	6,400	10,900	0.3
No name type	0	3,150	3,150	0.1
TOTAL	1,691,110	1,753,940	3,445,050	100

Care sales by outlet type

Outlet type	Nov-01	Dec-01	Total	Contribution (%)
LQ - Liquor	560	280	840	0.5
SU - Supermarket	74,620	24,100	98,720	59.3
TU – Tuck-shop	100	20	120	0.1

SE - Service Station	300	140	440	0.3
HE - Health Care	1,920	280	2,200	1.3
HO - Hotel	40	60	100	0.1
OR - Organization	20,400	21,620	42,020	25.2
WH - Wholesale	3,740	3,760	7,500	4.5
OT - Other	220	20	240	0.1
IN - Individual	0	40	40	0.0
SA - Samples	720	80	800	0.5
No name type	9,420	4,000	13,420	8.1
Total	112,040	54,400	166,440	100

PP and Care sales against target, Nov & Dec 2001

Product	Sales	Target	% variance
PP	3,445,050	2,590,000	33
care	166,440	41,000	306
Total condoms	3,611,490	2,631,000	37

II. Highlights of the Quarter

a.

- ⇒ Regions 1 and 2 had the highest care sales largely on account of a two-month care sales promotion started in the two regions on the 1st November 2001 (see table below).
- ⇒ Region 5 care sales were high largely as a result of institutional purchases.

Regional sales and targets of care, Nov and Dec 2001¹

Sales Region	sales	Target	% contribution (sales)
1	63,180	2,460	38
2	52,740	1,846	32
3	500	1,476	0
4	920	1,106	1
5	46,900	3,247	28
6	1,820	2,165	1
Inst.	380	28,700	0
Total	166,440	41,000	100

- b. Held a Quarterly sales meeting on the 20th December to review sales performance for the quarter and presented sales targets for the coming year, 2002. Also discussed Agenda for the Annual Sales Conference scheduled for the 4th January 2002.
- c. Secured independent warehouses/offices for Matebeleland and Midlands regions.
- d. Nkanyiso Ndlovu joined the organization as a new sales manager on the 1st November 2001.

¹ The country is divided into 6 sales regions, which are: -

<u>Region</u>	<u>Provinces/Areas covered</u>
1	Matabeleland North & South, including Bulawayo.
2	Midlands & Masvingo, excluding Gutu & Nyika growth points.
3	Manicaland, parts of Mashonaland East (Hwedza & Chivhu) & Masvingo (Gutu & Nyika).
4	Mashonaland West & Central provinces.
5	City of Harare (CBD and residential areas, except suburbs of Mabvuku, Tafara and Epworth).
6	Chitungwiza, Mashonaland East and the suburbs of Mabvuku, Tafara & Epworth.
Inst.	Institutions i.e. non-governmental organizations and private companies

<p style="text-align: center;"><u>Strengths</u></p> <ol style="list-style-type: none"> 1. Protector Plus now well established brand on the market 2. Affordable price (Z\$6.00 for three) compared to other commercially available brands (roughly Z\$800.00 for three). 3. Extensive distribution coverage in the urban/peri-urban areas. 4. Strong advertising support. 	<p style="text-align: center;"><u>Weaknesses</u></p> <ol style="list-style-type: none"> 1. Care perceived as not user-friendly. 2. Packaging for PP and care tired and non-appealing.
<p style="text-align: center;"><u>Opportunities</u></p> <ol style="list-style-type: none"> 1. Potential for distribution partnership with Coke (Central Africa) 2. Resources available to introduce new packaging for PP and care 	<p style="text-align: center;"><u>Threats</u></p> <ol style="list-style-type: none"> 1. Political tension/disturbances impact negatively on distribution

III. Goals for following quarter

Sales targets for 1st Quarter 2002

Product	Jan	Feb	Mar	Total
PP	1,299,997	1,299,997	1,299,997	3,899,991
CARE	19,980	19,980	19,980	59,940
Total	1,319,977	1,319,977	1,319,977	3,959,931

Targeted Communications Initiative (TCI)

I. Goals for this quarter and progress against those goals

- To raise awareness and encourage increased participation by the youths in the youth radio programme; ‘On Our Level’.
- To set up Care Promoters in shops frequented by high risk groups
- To develop communication materials for the launch of the Miss Hope Beauty pageant targeting Commercial Sex Workers in Beitbridge.
- To continue with interpersonal communications among high- risk groups.

II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

Results Reporting

- A competition to create awareness and more participation by the youth in the youth radio programme was started.
- Care Promoters selling product and disseminating information on Care were trained and deployed in shops frequented by low - income people in the Matabeleland and Midlands region. This, coupled with a product promotion, has resulted in marked increases in sales of Care in these regions.
- Communication materials comprising posters, leaflets , banners and T-shirts were developed for the Miss Hope beauty pageant which was successfully held in Beitbridge in December 2002. The models for the beauty pageant were selected from Commercial Sex Workers in a bid to increase awareness of Care and influence consistent condom use among this high risk target group.
- Discussions on STI/HIV prevention and correct condom use were held with a total of 242 Commercial Sex Workers in the Manicaland, Mashonaland West and Matabeleland regions

Goals for following quarter

- To launch a Care promotion for the hair saloons in Harare and Mutare. The promotion aims to utilize hair - dressers to disseminate information on the Care female condom as well as HIV prevention strategies to their clients.
- To develop a communications brief for the generic communications campaign.
- Develop and pre test new mass media campaign for PP targeting the youth.
- Incorporate pre test findings in the Care mass media campaign.

Sustainability and Other Core Issues

The Human Resources Development Program was redesigned to provide more dimension. It now accommodates short-term training in specific job skills as well as longer term continuing professional education.

An employee Code of Conduct was submitted to the Ministry of Labour for registration; once approved the Code of Conduct will provide employees with a clearer understanding of what PSI/Z's expectations are and what form of support and discipline employees can expect from management. It also outlines basic rights of employees vs. management.

PSI/Z moved closer to severing its long-standing relationship with Johnson and Johnson for warehousing and distribution. PSI/Z will be handle distribution entirely on its own in the near future.

PSI/Z moved into new offices on December 1st 2001. The offices are rented and are more spacious, better accommodating PSI/Z's growth over the past year.